USC Environmental Health and Safety

REQUEST FOR INDOOR AIR QUALITY INVESTIGATION

Building: __________________________  Occupant Name: __________________________
Department: ______________________  Work Location: __________________________  Phone #: ______
Date: ______

SYMPTOM PATTERNS

What kind of symptoms or discomfort are you experiencing?

Are you aware of other people with similar symptoms or concerns?  □ yes  □ no
If so what are their names and locations?  ____________________________________________

Do you have any health problems that may make you particularly susceptible to environmental problems?

□ contact lenses  □ chronic cardiovascular disease  □ undergoing chemotherapy or radiation therapy

□ allergies  □ chronic respiratory disease  □ immune system suppressed by disease or other causes

□ chronic neurological disease

TIMING PATTERNS

When did your symptoms start?

When are they generally worst?

Do they go away?  If so, when?

Have you noticed any other events (such as weather events, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

__________________________________________
SPACIAL PATTERNS

Where are you when you experience symptoms or discomfort?

Where do you spend most of your time in the building?

ADDITIONAL INFORMATION

Do you have any observations about building conditions that might need attention or might help explain your symptoms (e.g., temperature, humidity, drafts, stagnant air, odors, recent painting, new carpet or furnishings)?

Has there been recent remodeling or changes in your home environment (e.g., painting, new carpet and/or furniture)? Please explain.

Have you sought medical attention for your symptoms?

Do you have other comments?

When complete, please forward this form through campus mail to the address below, or email to kmixon@gwm.sc.edu

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